

ISSUE SLIP STARTER AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR	32	09/18/01
O.I.P.E. CLASSIFIER	ST	20/147	9/27
FORMALITY REVIEW	ST	20/147	10/15/01

INDEX OF CLAIMS

+ Rejected
 + Allowed
 + (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

20/816
 10/15/01
 ST
 01/17/02